

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼

2831 Lone Oak Road

☐ Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2013

12

31

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer

Laxmaiah Manchikanti MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

01

29

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		299948.62
(b) Cash on Hand at Beginning of Reporting Period.....	275688.09	
(c) Total Receipts (from Line 19)	132162.90	208856.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	407850.99	508805.14
7. Total Disbursements (from Line 31)	70415.53	171369.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	337435.46	337435.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y
12 31 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

112046.94

174709.57

(ii) Unitemized

450.00

3808.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

112496.94

178518.24

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

112496.94

178518.24

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

19665.96

30338.28

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

132162.90

208856.52

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

132162.90

208856.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	8927.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	8927.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	139000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	8415.53	23442.68
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70415.53	171369.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70415.53	171369.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	112496.94	178518.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112496.94	178518.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	8927.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	8927.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Eduardo Anguizola MD

Mailing Address 1401 N Tustin Ave
Suite 140

City State Zip Code
Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2013

Transaction ID : SA11AI.10729

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sairam Atluri MD

Mailing Address 8200 Muchmore Point Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tri-State Pain Management

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.10749

Amount of Each Receipt this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sairam Atluri MD

Mailing Address 8200 Muchmore Point Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tri-State Pain Management

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SA11AI.10768

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 56
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Cyrus Bakhit MD

Mailing Address 1316 S. Jefferson St.

City State Zip Code
 Roanoke VA 24016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pain Management Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 05 / 2013

Transaction ID : SA11AI.10712

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cyrus Bakhit MD

Mailing Address 1316 S. Jefferson St.

City State Zip Code
 Roanoke VA 24016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pain Management Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 05 / 2013

Transaction ID : SA11AI.10759

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sanjay Bakhshi MD

Mailing Address 254 Stafford Avenue

City State Zip Code
 Staten Island NY 10312

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Neuroscience Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : SA11AI.10803

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Stephan Bamberger MD

Mailing Address 77 Bates Street

City

Lewiston

State

ME

Zip Code

04240

FEC ID number of contributing
federal political committee.

C

Name of Employer

MRA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 23 / 2013

Transaction ID : SA11AI.10703

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City

Greenville

State

MS

Zip Code

38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

07 / 27 / 2013

Transaction ID : SA11AI.10705

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

C. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City

Greenville

State

MS

Zip Code

38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.10718

Amount of Each Receipt this Period

167.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

634.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City State Zip Code
Greenville MS 38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SA11AI.10730

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

B. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City State Zip Code
Greenville MS 38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SA11AI.10758

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

C. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City State Zip Code
Greenville MS 38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : SA11AI.10762

Amount of Each Receipt this Period

167.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

501.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Timothy Beacham MD

Mailing Address 357 South Ganwyn Park Drive

City State Zip Code
 Greenville MS 38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : SA11AI.10791

Amount of Each Receipt this Period

167.00

Contribution

Full Name (Last, First, Middle Initial)

B. Raj Bothra MD

Mailing Address 5368 Woodland Estates

City State Zip Code
 Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Pain Center USA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 09 2013

Transaction ID : SA11AI.10697

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Daniel Bruning MD

Mailing Address 10501 Metcalf

City State Zip Code
 Overland Park KS 66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 07 2013

Transaction ID : SA11AI.10741

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6167.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Buenaventura MD

Mailing Address 279 Timberleaf Dr.

City

Beavercreek

State

OH

Zip Code

45430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dayton Pain Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2013			

Transaction ID : SA11AI.10787

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Yuriy Bukhalo MD

Mailing Address 880W Central Road

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Suburban Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2013			

Transaction ID : SA11AI.10738

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kenneth Chapman MD

Mailing Address 120 Circle Road

City

Staten Island

State

NY

Zip Code

10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : SA11AI.10773

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Edward Chen MD

Mailing Address 2840 West Bay Dr.
#227

City State Zip Code
Belleair Bluffs FL 33770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : SA11AI.10699

Amount of Each Receipt this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sundar Cherala MD

Mailing Address 1710 N randall Rd.
#370

City State Zip Code
Elgin IL 60123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Fox Valley Pain Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2013

Transaction ID : SA11AI.10788

Amount of Each Receipt this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

C. Abraham Cherrick MD

Mailing Address 2800 Shirlington Road

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Spine & Pain Centers

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10806

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Mark Clark, MD

Mailing Address 3735 Norton Hills Road

City State Zip Code
 Norton Shores MI 49441

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAP Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.10739

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tameta Clark MD

Mailing Address 11921 Rockville Pike

City State Zip Code
 Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.10809

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kevin Coleman MD

Mailing Address 12700 Alswell Lane

City State Zip Code
 St. Louis MO 63128

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Conty Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.10778

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Mark Coleman MD

Mailing Address 1838 Green Tree Road

City State Zip Code
Pikesville MD 21208

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11Al.10799

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ann Conn MD

Mailing Address 7015 Hwy 190 E Service Road

City State Zip Code
Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11Al.10810

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Daly MD

Mailing Address 1600 Crain Hwy

City State Zip Code
Glen Burnie MD 21061

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11Al.10813

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Cynthia Drake MD

Mailing Address 3 S Street

City

Lake Lotawana

State

MO

Zip Code

64086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 07 / 2013

Transaction ID : SA11Al.10746

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. George Elkhoury MD

Mailing Address 4543 N. Anaheim St.

City

Long Beach

State

CA

Zip Code

90804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

Transaction ID : SA11Al.10747

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Ellis MD

Mailing Address 701 NE 10th Street

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA11Al.10724

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. John Fairbanks MD

Mailing Address 107 Frton St. Ste 2134

City State Zip Code
 Vidalia LA 71273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

08 / 05 / 2013

Transaction ID : SA11Al.10711

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Filley MD

Mailing Address 10507 E. Wildwind Cir.

City State Zip Code
 Spring TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 03 / 2013

Transaction ID : SA11Al.10776

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mayo Friedlis MD

Mailing Address 3031 Javier Road
 #100

City State Zip Code
 Fairfax VA 22031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 31 / 2013

Transaction ID : SA11Al.10814

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Scott Glaser MD

Mailing Address 134 E 4th Street

City State Zip Code
Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.48

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : SA11AI.10706

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Glaser MD

Mailing Address 134 E 4th Street

City State Zip Code
Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1216.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2013

Transaction ID : SA11AI.10719

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Glaser MD

Mailing Address 134 E 4th Street

City State Zip Code
Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.80

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SA11AI.10731

Amount of Each Receipt this Period

304.16

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

912.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.96

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2013

Transaction ID : SA11AI.10751

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2129.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : SA11AI.10763

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4629.12

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11AI.10782

Amount of Each Receipt this Period

2500.00

Contribution

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3108.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Scott Glaser MD

Mailing Address 134 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Spec.of Greater Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4933.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11Al.10792

Amount of Each Receipt this Period

304.16

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Goodson MD

Mailing Address 116 Rose St.

City

Mooresville

State

NC

Zip Code

28117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rehab Med & Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11Al.10818

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Assaf Gordon MD

Mailing Address 11921 rockville Pike

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11Al.10821

Amount of Each Receipt this Period

2000.00

Contribution

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TOTAL This Period (last page this line number only)..... ►

2554.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Mark Gostine MD

Mailing Address 2815 Lake Drive SE

City State Zip Code
 Grand Rapids MI 49056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 23 2013

Transaction ID : SA11Al.10700

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jay Grider MD

Mailing Address 800 Rose St. N-201

City State Zip Code
 Lexington KY 40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 17 2013

Transaction ID : SA11Al.10783

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kendall Hansen MD

Mailing Address 2028 River Vista Ct.

City State Zip Code
 Villa Hills KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Interventional Pain Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 07 2013

Transaction ID : SA11Al.10748

Amount of Each Receipt this Period

365.00

Contribution

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TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Armondo Hassun MD

Mailing Address 555 Biltmore Way
#201

City State Zip Code
Cora Gables FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.10714

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Armondo Hassun MD

Mailing Address 555 Biltmore Way
#201

City State Zip Code
Cora Gables FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 03 / 2013

Transaction ID : SA11AI.10774

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City State Zip Code
Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Pain

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

07 / 27 / 2013

Transaction ID : SA11AI.10707

Amount of Each Receipt this Period

416.66

Contribution

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TOTAL This Period (last page this line number only)..... ►

1416.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City

State

Zip Code

Metairie

LA

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Pain

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

08 / 27 / 2013

Transaction ID : SA11AI.10720

Amount of Each Receipt this Period

416.66

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City

State

Zip Code

Metairie

LA

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Pain

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

09 / 27 / 2013

Transaction ID : SA11AI.10732

Amount of Each Receipt this Period

416.66

Contribution

Full Name (Last, First, Middle Initial)

C. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City

State

Zip Code

Metairie

LA

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Pain

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

10 / 27 / 2013

Transaction ID : SA11AI.10752

Amount of Each Receipt this Period

416.66

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1249.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City

Metairie

State

LA

Zip Code

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : SA11AI.10764

Amount of Each Receipt this Period

416.66

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City

Metairie

State

LA

Zip Code

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.10793

Amount of Each Receipt this Period

416.66

Contribution

Full Name (Last, First, Middle Initial)

C. Donald Jones MD

Mailing Address 621 Carpenters Grade Road

City

Maryville

State

TN

Zip Code

37803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11AI.10781

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1833.32

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 27 / 2013

Transaction ID : SA11AI.10708

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 27 / 2013

Transaction ID : SA11AI.10721

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

C. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA11AI.10733

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 27 2013

Transaction ID : SA11AI.10753

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 27 2013

Transaction ID : SA11AI.10765

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

C. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : SA11AI.10794

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Kalyan Krishnan MD

Mailing Address 131 Woodsedge Drive

City State Zip Code
Milton PA 17847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : SA11AI.10715

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jonathan Kuo MD

Mailing Address 350 Broadway
Suite 200

City State Zip Code
New York NY 10013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : SA11AI.10716

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Suzanne Lagosky MD

Mailing Address 5213 Hickory Park Drive

City State Zip Code
Glen Allen VA 23059

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10824

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Marc Loev MD

Mailing Address 11921 Rockville Pike

City State Zip Code
 Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.10827

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Eric Loudermilk MD

Mailing Address 112 Carter Oak Rdg.

City State Zip Code
 Anderson SC 29621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2013

Transaction ID : SA11AI.10779

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ramatia Mahboobi MD

Mailing Address 6355 Walker Lane

City State Zip Code
 Alexandria VA 22310

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.10830

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Christopher Malinsky MD

Mailing Address 3010 N Circle Drive

City	State	Zip Code
Colorado Springs	CO	80909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	26	/	2013

Transaction ID : SA11AI.10790

Amount of Each Receipt this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Robert Masone MD

Mailing Address 1750 Granville Pike

City	State	Zip Code
Lancaster	OH	43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Spinal Technology & Pain Cntr

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.10833

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. W. Stephen Minore MD

Mailing Address 2202 Harlem Rd.

City	State	Zip Code
Loves Park	IL	61111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Rockford Anest. Assoc.

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	23	/	2013

Transaction ID : SA11AI.10701

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Rup Nagala MD

Mailing Address 314 14th St. N

City State Zip Code
Oakes IN 58474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : SA11AI.10717

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Varanda Nargund MD

Mailing Address 1600 Crain Hwy

City State Zip Code
Glen Burnie MD 21061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Spine & Pain Centers

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10802

Amount of Each Receipt this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Allan Parr MD

Mailing Address 7015 Highway 190 East Service Road

City State Zip Code
Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Premier Pain Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11AI.10750

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Ram Pasupuleti MD

Mailing Address 15621 Bridlegate Dr.

City State Zip Code
Louisville KY 40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11AI.10834

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Anish Patel MD

Mailing Address 11921 Rockville Pike

City State Zip Code
Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Spine & Paine Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11AI.10837

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Eric Pearson MD

Mailing Address 1001 14th Street

City State Zip Code
Meridian MS 39301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Total Pain Care

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 03 2013

Transaction ID : SA11AI.10777

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Jimmy Ponder MD

Mailing Address 125 Frontgate Road A

City State Zip Code
Gray LA 70359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2013

Transaction ID : SA11Al.10725

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Porter MD

Mailing Address 5251 Peachtree Dunwoody Rd.

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SA11Al.10775

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marina Protopapas MD

Mailing Address 1860 Town Center Drive

City State Zip Code
Reston VA 20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Spine & Pain Centers

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11Al.10840

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. David Provenzano MD

Mailing Address 702 Augusta Drive

City State Zip Code
 Bridgeville PA 15017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11AI.10704

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ezra Riber MD

Mailing Address 2601 Laurel Street

City State Zip Code
 Columbia SC 29204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.10784

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Universal Pain Mgmt.

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 27 / 2013

Transaction ID : SA11AI.10709

Amount of Each Receipt this Period

166.67

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1266.67

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City	State	Zip Code
Malibu	CA	90265

FEC ID number of contributing federal political committee.

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	27	/	2013

Transaction ID : SA11AI.10722

Amount of Each Receipt this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City	State	Zip Code
Malibu	CA	90265

FEC ID number of contributing federal political committee.

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	27	/	2013

Transaction ID : SA11AI.10734

Amount of Each Receipt this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City	State	Zip Code
Malibu	CA	90265

FEC ID number of contributing federal political committee.

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	21	/	2013

Transaction ID : SA11AI.10761

Amount of Each Receipt this Period

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : SA11Al.10766

Amount of Each Receipt this Period

166.67

Contribution

Full Name (Last, First, Middle Initial)

B. Francis Riegler MD

Mailing Address 3827 Castlerock Rd.

City State Zip Code
Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Universal Pain Mgmt.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11Al.10795

Amount of Each Receipt this Period

166.67

Contribution

Full Name (Last, First, Middle Initial)

C. John Roberts MD

Mailing Address 200 Governors Drive Suite 400

City State Zip Code
Huntsville AL 35801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Valley Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : SA11Al.10780

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.34

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Xiulu Ruan MD

Mailing Address 2800 Church Bell Court

City State Zip Code
Mobile AL 36695

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Specialists of AL

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11Al.10740

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dr. Francis Saldanha MD

Mailing Address 4507 Staunton Avenue

City State Zip Code
Charleston WV 25304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : SA11Al.10698

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mahendra Sanapati MD

Mailing Address 7311 Parkridge Dr.

City State Zip Code
Newburgh IN 47630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Pain Care Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11Al.10786

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Manuel Sanchez MD

Mailing Address 944 Calef Highway

City State Zip Code
Barrington NH 03825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Interventional Spine Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SA11AI.10756

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeffrey Schneider MD

Mailing Address 510 Upper Chesapeake Dr

City State Zip Code
Bel Air MD 21014

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10843

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Anesh Singla MD

Mailing Address 11921 Rockville Pike

City State Zip Code
Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10846

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Steven Sloan MD

Mailing Address 11921 Rockville Pike

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Spine & Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10849

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin Smith MD

Mailing Address 2202 S. Milwaukee St.

City

Denver

State

CO

Zip Code

80210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Denver Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2013

Transaction ID : SA11AI.10760

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Peter Staats MD

Mailing Address 47 Orchard Lane

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Pain Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SA11AI.10785

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. John Swicegood MD

Mailing Address 12 Berry Hill Road

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10850

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michael Trimba MD

Mailing Address 2417 Ocean Avenue

City

Brooklyn

State

NY

Zip Code

11229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Pain Care Medical PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2013

Transaction ID : SA11AI.10713

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. K. Dean Willis MD

Mailing Address 107 Williams & Broad Drive

City

Brownsboro

State

AL

Zip Code

35741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2013

Transaction ID : SA11AI.10726

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5615.00

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Stephen Wyble MD

Mailing Address 3983 I49 S. Service Road

City State Zip Code
Opelousas LA 70510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : SA11AI.10702

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Les Zuckerman MD

Mailing Address 9917 Chapel Road

City State Zip Code
Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Spine Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.10851

Amount of Each Receipt this Period

4500.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

4865.00

TOTAL This Period (last page this line number only)..... ►

112046.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10672.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA17.10900

Amount of Each Receipt this Period

0.38

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

12900.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA17.10901

Amount of Each Receipt this Period

2227.42

Dividends earned

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

14580.41

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : SA17.10902

Amount of Each Receipt this Period

1680.29

Change in investment

SUBTOTAL of Receipts This Page (optional)..... ►

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3908.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15332.59

Date of Receipt

08 / 30 / 2013

Transaction ID : SA17.10909

Amount of Each Receipt this Period

752.18

Dividends earned

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15333.30

Date of Receipt

08 / 31 / 2013

Transaction ID : SA17.10906

Amount of Each Receipt this Period

0.71

Monthly earned interest

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15595.56

Date of Receipt

08 / 31 / 2013

Transaction ID : SA17.10907

Amount of Each Receipt this Period

262.26

Dividends earned

SUBTOTAL of Receipts This Page (optional)..... ►

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1015.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15596.48

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA17.10908

Amount of Each Receipt this Period

0.92

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19275.42

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA17.10910

Amount of Each Receipt this Period

3678.94

Change in investment

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19276.15

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : SA17.10913

Amount of Each Receipt this Period

0.73

Monthly earned interest

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3680.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
 Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20030.04

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA17.10914

Amount of Each Receipt this Period

753.89

Dividends earned

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
 Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23795.64

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA17.10915

Amount of Each Receipt this Period

3765.60

Change in investment

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City State Zip Code
 Paducah KY 42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23797.25

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : SA17.10916

Amount of Each Receipt this Period

1.61

Monthly earned interest

SUBTOTAL of Receipts This Page (optional)..... ►

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4521.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

24078.74

Date of Receipt

11 / 30 / 2013

Transaction ID : SA17.10917

Amount of Each Receipt this Period

281.49

Dividends earned

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25684.15

Date of Receipt

11 / 30 / 2013

Transaction ID : SA17.10918

Amount of Each Receipt this Period

1605.41

Change in investment

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25685.74

Date of Receipt

12 / 31 / 2013

Transaction ID : SA17.10923

Amount of Each Receipt this Period

1.59

Monthly earned interest

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1888.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

30338.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA17.10924

Amount of Each Receipt this Period

4652.54

Dividends earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4652.54

19665.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDER FOR SENATE 2014 INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB23.10881Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

LAMAR ALEXANDERCategory/
Type

5000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 00

Full Name (Last, First, Middle Initial)

B. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2013

Mailing Address PO BOX 2059

City	State	Zip Code
LEXINGTON	KY	40588

Transaction ID : SB23.10860Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

GARLAND ANDY BARRCategory/
Type

5000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Full Name (Last, First, Middle Initial)

C. CHESAPEAKE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2013

Mailing Address 170 OLD ENTERPRISE ROAD
PO BOX 5323

City	State	Zip Code
UPPER MARLORO	MD	20774

Transaction ID : SB23.10898Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. CRAWFORD FOR CONGRESS

Mailing Address PO Box 16956

City	State	Zip Code
Jonesboro	AR	72403

Purpose of Disbursement
Political Contribution

Candidate Name

ERIC ALAN RICK CRAWFORD

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AR District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SB23.10891

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement
Political Contribution

Candidate Name

DUTCH RUPPERSBERGER

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MD District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SB23.10892

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement
Political Contribution

Candidate Name

STEVEN BRETT GUTHRIE

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2013

Transaction ID : SB23.10873

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement
Political Contribution

Candidate Name

STEVEN BRETT GUTHRIEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2013

Transaction ID : SB23.10874

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City	State	Zip Code
GREENSBORO	NC	27429

Purpose of Disbursement
Political Contribution

Candidate Name

KAY R HAGANOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2013

Transaction ID : SB23.10895

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HUIZENGA FOR CONGRESS

Mailing Address 441 WILLIAMS COURT

City	State	Zip Code
ZEELAND	MI	49464

Purpose of Disbursement
Political Contribution

Candidate Name

WILLIAM P THE HON. HUIZENGAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2013

Transaction ID : SB23.10866

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City	State	Zip Code
OTTAWA	IL	61350

Purpose of Disbursement
Political Contribution

Candidate Name

ADAM KINZINGEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2013

Transaction ID : SB23.10872

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND A.K.A MIKE R FUND

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	29	/	2013

Transaction ID : SB23.10889

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement
Political Contribution

Candidate Name

MARK LUNSFORD PRYOROffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2013

Transaction ID : SB23.10854

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. MCCONNELL VICTORY KENTUCKY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2013

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB23.10885Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. MIKE MCINTYRE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2013

Mailing Address P.O. BOX 1

City	State	Zip Code
LUMBERTON	NC	28359

Transaction ID : SB23.10869Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

MIKE REP. MCINTYRE

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NC District: 07

Full Name (Last, First, Middle Initial)

C. PRIORITY PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2013

Mailing Address P. O. BOX 3683

City	State	Zip Code
LITTLE ROCK	AR	72203

Transaction ID : SB23.10856Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2013

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : SB23.10877Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

RENEE JACISIN ELLMERSCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2013

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183

Transaction ID : SB23.10897Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

STEVE MR. SCALISECategory/
Type

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Full Name (Last, First, Middle Initial)

C. STEVE DAINES FOR MONTANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2013

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Transaction ID : SB23.10880Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

STEVEN DAINESCategory/
Type

2500.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement
Political Contribution

Candidate Name

STEVEN DAINES

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SB23.10890

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

62000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Transaction ID : SB29.10899Purpose of Disbursement
Payment for credit card fees

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

692.12

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Transaction ID : SB29.10903Purpose of Disbursement
Payment for credit card fees

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

297.20

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Transaction ID : SB29.10904Purpose of Disbursement
Brokerage fees

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

318.89

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1308.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2013

Mailing Address 3151 Jackson Street

Transaction ID : SB29.10905

City	State	Zip Code
Paducah	KY	42003

Amount of Each Disbursement this Period

Purpose of Disbursement
Change in investment

Category/ Type

3668.71

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Mailing Address 3151 Jackson Street

Transaction ID : SB29.10911

City	State	Zip Code
Paducah	KY	42003

Amount of Each Disbursement this Period

Purpose of Disbursement
Payment for credit card fees

Category/ Type

221.21

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

Mailing Address 3151 Jackson Street

Transaction ID : SB29.10912

City	State	Zip Code
Paducah	KY	42003

Amount of Each Disbursement this Period

Purpose of Disbursement
Payment for credit card fees

Category/ Type

104.34

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3994.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Payment for credit card fees

Candidate Name

Category/
Type**Transaction ID : SB29.10919**

Amount of Each Disbursement this Period

248.46

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Category/
Type**Transaction ID : SB29.10920**

Amount of Each Disbursement this Period

328.21

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Payment for credit card fees

Candidate Name

Category/
Type**Transaction ID : SB29.10921**

Amount of Each Disbursement this Period

142.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

718.67

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Transaction ID : SB29.10922Purpose of Disbursement
Change in investment

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2394.39

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2394.39
8415.53